

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	Not Yet Assigned
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	IMPLANTABLE POLYMERIC DEVICE FOR SUSTAINED RELEASE OF DOPAMINE AGONIST
Attorney Docket Number::	304142000900
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	2
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Rajesh
Middle Name::	A.
Family Name::	PATEL
City of Residence::	Redwood City
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	12 Bennett Road

City of mailing address:: Redwood City  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Louis  
Middle Name:: R.  
Family Name:: BUCALO  
City of Residence:: Miami Beach  
State or Province of Residence:: FL  
Country of Residence:: US  
Street of mailing address:: 100 South Pointe Drive, 1106-1107  
City of mailing address:: Miami Beach  
State or Province of mailing address:: FL  
Postal or Zip Code of mailing address:: 33139-7306

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Lauren  
Family Name:: COSTANTINI  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 459 33rd Avenue  
City of mailing address:: San Francisco  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94121

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Sofie  
Family Name:: KLEPPNER  
City of Residence:: Burlingame  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 1107 Laguna Avenue  
City of mailing address:: Burlingame  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94010

**Correspondence Information**

Correspondence Customer Number:: 25226

**Representative Information**

Representative Customer Number:: 25226

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application is	An application claiming the benefit under 35 USC 119(e)	60/459,315	03/31/03